

STANDARD CERTIFICATE OF DEATH

State File No. 27512

FILED JUL 20 1953

BIRTH NO. REG. DIST. NO. 358 PRIMARY REG. DIST. NO. 6214 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Harwood Rural</b>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Harwood rural</b>	108 <sup>0</sup> 2
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Effie</b>	b. (Middle) <b>Mae</b>	c. (Last) <b>Lord</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 10 1953</b>
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5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Jan. 24, 1884</b>	9. AGE (In years last birthday) <b>69</b>	# UNDER 1 YEAR Months	# UNDER 1 Mth. Days	# UNDER 1 Mth. Hours	# UNDER 1 Mth. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Cedar Rapids Iowa</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>George Hoadley</b>	13b. MOTHER'S MAIDEN NAME <b>Florence Swett</b>	14. NAME OF HUSBAND OR WIFE <b>Chas. Lord.</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Chas. Lord</b>	ADDRESS <b>Harwood, Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary heart failure</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Rheumatic fever</b> DUE TO (c) <b>Arteriosclerosis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerosis</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4500</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **6-13, 1953**, to **7-10, 1953**, that I last saw the deceased alive on **7-10, 1953**, and that death occurred at **7:45P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Edna E. Turner Sr. D.O.</b>	23b. ADDRESS <b>Schell City, Mo.</b>	23c. DATE SIGNED <b>7-13-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>July 13, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Harwood Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Harwood, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>7/13/53</b>	REGISTRAR'S SIGNATURE <b>Bliss B. Daily</b>	463	25. FUNERAL DIRECTOR'S SIGNATURE <b>Chas. Wagoner</b>	ADDRESS <b>Harwood, Mo.</b>
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

DEC 2 1953

MAR 20 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed Clara G. G. G. G.

Licensed Embalmer No. 2709

P. O. Address Harwood, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.